



STATE OF MARYLAND

**DHMH**Office of Health Services  
Medical Care Programs**Maryland Department of Health and Mental Hygiene**

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

**MARYLAND MEDICAID ASSISTANCE PROGRAM****Home Health Transmittal No. 50****November 30, 2007**

**TO:** Home Health Agency Administrators

**FROM:** Susan J. Tucker, Executive Director  
*Susan J. Tucker*  
Office of Health Services

**NOTE:** Please ensure that appropriate staff members in your organization are informed about the contents of this transmittal.

**RE:** Revised Home Health Fee Schedule

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The Medicaid Program has completed a revision of the fee schedule for home health services rendered to Medicaid recipients via fee-for-service. These rates, which are effective January 1, 2008, are reflected on the attached document.

The rates were established in accordance with COMAR 10.09.04.07E(5) which requires the fee schedule to be adjusted annually by the same rate used by the Centers for Medicare and Medicaid Services in updating Medicare's prospective payment rates. The rate adjustment is limited to a maximum of 5 percent and is effective the date on which Medicare's rate changes are implemented. Thus, the rate change is effective January 1, 2008 and reflects a 3.0 percent increase. Payments for medical and other supplies used during a covered home health visit as part of the treatment ordered by the recipient's attending physician are established and made in accordance with COMAR 10.09.04.07E(4) which requires Medicaid to pay for these items at a rate that is the lesser of the home health agency's customary charge to the general public or the Medicaid rate for the supply or pharmaceutical as established pursuant to COMAR 10.09.12 or 10.09.03.

Questions regarding the revised fee schedule may be addressed to the Division of Nursing Services' home health staff specialist at 410-767-1448. If you would like to request a copy of the Disposable Medical Supplies/Durable Medical Equipment Approved List of Items, please call the Division of Community Support Services' staff at 410-767-1739.

Attachment

**Maryland Medicaid's Fee Schedule**

**Home Health Services**

Effective 1/1/08

County	0551 SKN*	0571 HHA*	0421 PT*	0431 OT*	0441 SP*
Allegany	\$98.30	\$47.70	\$106.32	\$106.37	\$106.77
Anne Arundel	\$105.64	\$51.26	\$114.23	\$116.70	\$114.71
Baltimore	\$105.64	\$51.26	\$114.23	\$116.70	\$114.71
Calvert	\$115.98	\$56.28	\$125.41	\$125.41	\$125.90
Caroline	\$126.41	\$54.57	\$129.20	\$129.99	\$133.43
Carroll	\$105.64	\$51.26	\$114.23	\$116.70	\$114.71
Cecil	\$121.26	\$58.83	\$131.14	\$131.13	\$131.63
Charles	\$115.98	\$56.28	\$125.41	\$125.41	\$125.90
Dorchester	\$126.41	\$54.57	\$129.20	\$129.99	\$133.43
Frederick	\$115.98	\$56.28	\$125.41	\$125.41	\$125.90
Garrett	\$122.25	\$61.64	\$104.88	\$102.61	\$112.35
Harford	\$105.64	\$51.26	\$114.23	\$116.70	\$114.71
Howard	\$105.64	\$51.26	\$114.23	\$116.70	\$114.71
Kent	\$126.41	\$54.57	\$129.20	\$129.99	\$133.43
Montgomery	\$115.98	\$56.28	\$125.41	\$125.41	\$125.90
Prince George's	\$115.98	\$56.28	\$125.41	\$125.41	\$125.90
Queen Anne's	\$105.64	\$51.26	\$114.23	\$116.70	\$114.71
St. Mary's	\$126.41	\$54.57	\$129.20	\$129.99	\$133.43
Somerset	\$126.41	\$54.57	\$118.73	\$82.50	\$133.43
Talbot	\$126.41	\$54.57	\$129.20	\$129.99	\$133.43
Washington	\$122.25	\$63.94	\$104.88	\$102.61	\$112.35
Wicomico	\$126.41	\$54.57	\$118.73	\$82.50	\$133.43
Worcester	\$126.41	\$54.57	\$118.73	\$82.50	\$133.43
<b>CITY</b>	<b>SKN</b>	<b>HHA</b>	<b>PT</b>	<b>OT</b>	<b>SP</b>
Baltimore	\$105.64	\$51.26	\$114.23	\$116.70	\$114.71
Washington, D.C.	\$115.98	\$56.28	\$125.41	\$125.41	\$125.90

The Maryland Home Health reimbursement rates are set based on the county where the home health agency's home office is located.

<b>SKN</b>	= Skilled Nursing	(0551)
<b>*HHA</b>	= Home Health Aide	(0571)
<b>PT</b>	= Physical Therapy	(0421)
<b>OT</b>	= Occupational Therapy	(0431)
<b>SP</b>	= Speech Pathology	(0441)

**\*Note = All home health aide services are to be billed using procedure code 0571.**

For out-of-state providers, rates will be paid at the lower of the following:

1. The home state's Medicaid rate for the same service rendered by the same provider if the provider participates in its home state Medicaid Program;  
or
2. The rate paid for the same service rendered by a provider in the nearest Maryland county.

**Durable Medical Equipment and Disposable Medical Supplies = DMS/DME (0273)**

1. The Department will pay all home health providers for disposable medical supplies and durable medical equipment used during a covered home health visit in accordance with the rate established under COMAR 10.09.12.